

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

06979

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

City or town

Frederick

Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution? 2 months

3. (a) FULL NAME

John Maughth Phalt

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 22, 1858

6. (c) If alive, give age years

8. AGE: Years Months Days

It less than one day

88 4 9 hrs. min.

9. Birthplace (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, which)

Date thereof 8-2-46

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

19. M. b. Elisabeth G. Hecke

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Burkettsville

Street No.

(If outside city or town limits, write RURAL and give nearest town)

2. (a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 31, 1946, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 29, 1946, to July 31, 1946, and that I last saw deceased on July 31, 1946.

Immediate cause of death

Bronch - pneumonia

DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard James Jr. M.D.

M. D. or other

Address Frederick, Md. Date signed July 1946

RECEIVED

AUG 3 1946

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93)

06980

Reg. Dist. No. 140

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Frederick

County

Woodsboro Rural

City or town

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Etta Rosella Albaugh

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife Isaac I. Albaugh

7. Birth date of deceased (mo. day, yr.) March 28-1872 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
74 3 16 hrs. min.9. Birthplace Frederick Co Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER 12. Name John Birely

13. Birthplace Maryland

14. Maiden name Louisa Schwaber

15. Birthplace Maryland

16. Informant Mr Melvin Clabaugh

Address Woodsboro Md Rural Route

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 17-1946
(month) (day) (year)

Cemetery or crematory Haugs Lutheran Cemetery

Location Ladiesburg Maryland

18. Funeral director Powell & Hartzler

Address Woodshoro & Libertytown Md

19. (Date rec'd by registrar) July 16 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Woodsboro Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. near Ladiesburg
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

July 14 1946 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 6 1946 to July 14 1946
and that I last saw her alive on July 8 1946

Immediate cause of death

Cardiac Disease
Cardiac insufficiency

Due to Chr. Gray heart disease

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

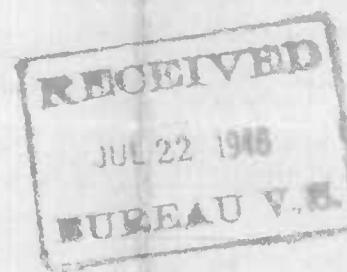
Injured at work?

23. SIGNATURE

J. H. Hargy

M. D. or other

Address Union Bridge Date signed 7-14-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

06981

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:
County Frederick
City or town Catoctin Furnace - rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Catoctin Furnace
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Sarah I. Anders.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		
Female	White	Married		
6.(b) Name of husband or wife <u>William Baker Anders</u>				
7. Birth date of deceased (mo., day, yr.) <u>June 29, 1887</u>				
6.(c) If alive, give age <u>59</u> years				
8. AGE:	Years	Months	Days	If less than one day
	59	I	I	hrs. min.
9. Birthplace <u>Catoctin Furnace Fred'k Co. Md</u> (Town, county, and state)				
10. Usual occupation <u>Housewife</u>				
11. Industry or business <u>Home</u>				
MOTHER FATHER	12. Name <u>Charles W. Sweeney</u>			
	13. Birthplace <u>Catoctin Furnace, Md</u>			
14. Maiden name <u>Emma Catherine Sweeney (Carson)</u>				
15. Birthplace <u>Catoctin Furnace, Md</u>				
16. Informant <u>Elmer Anders</u>				
Address <u>Thurmont, Md. R.D.</u>				
17. Burial Date thereof <u>Aug. 2, 1946</u> (Burial, cremation, or removal. Which?) <u>Lewistown Cemetery</u> Cemetery or crematory <u>Lewistown, Md.</u> Location <u>M. L. Creager & Son</u>				
18. Funeral director <u>M. L. Creager & Son</u>				
Address <u>Thurmont, Md.</u>				

19. July 31 1946 Blanche S. Egle
(Date rec'd by registrar) (Signature) (Title)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1946 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19, 46 to July 30 1946 and that I last saw her alive on July 29, 1946.
Immediate cause of death Hypertension hypertensive cardiovascular renal disease 4 yrs. 3 days duration
Due to Cardiovascular - renal disease 2 yrs.
Due to Hypertension 4 yrs.
Other conditions Diabetes mellitus 4 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

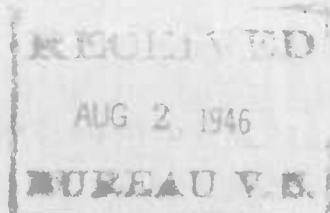
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. Franklin Bird Blanche S. Egle M. D. or otherAddress Thurmont, Md. Date signed July 31, 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

CERTIFICATE OF DEATH

06982
131
Reg. Dist. No.

1. PLACE OF DEATH:
County. Frederick
City or town. Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years
Hospital, Institution, or street address where death occurred: Frederick City Hospital
How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State. Maryland County. Frederick
City or town. Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 206 East 8th St.
(If rural, give LOCATION)

2.(a) If veteran, name war. None

3. (a) FULL NAME
LEWIS CALVIN ANDERSON

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) November 1, 1924

6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day
21 8 15 hrs. min.

8. Birthplace. Martinsburg, W. Va.
(Town, county, and state)

10. Usual occupation. Cashier-Trans. Company

11. Industry or business

MOTHER FATHER 12. Name. Amos T. Anderson
13. Birthplace. West Virginia

MOTHER 14. Maiden name. Ollie E. Anderson
15. Birthplace. West Virginia

16. Informant. Mr. Amos T. Anderson

Address 206 East 8th St., Frederick, Md.

17. Burial Cemetery or crematory. Mt. Olivet Cemetery
(Burial, cremation, or removal. Which?) Date thereof. July 21, 1946
(month) (day) (year)

Location. Frederick, Maryland

18. Funeral director. C. E. Cline & Son

Address Frederick, Maryland

19. (Date rec'd by registrar) 1946
Elizabeth B. Heath
Registrar

3. (b) Social Security Number
212-11-2114

MEDICAL CERTIFICATION

20. DATE OF DEATH. July 19, 1946, at 12:05 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8, 1946, to July 19, 1946, and that I last saw him alive on July 17, 1946.

Immediate cause of death. Uremia
DURATION 2 weeks

Due to. Alkalosis

Due to.

Other conditions. Viral pneumonia
(Include pregnancy within 8 months of death)

Major findings or operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

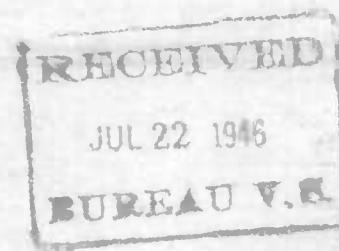
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury. Injured at work?

23. SIGNATURE. L. R. Schowalter, M.D.
M. D. or other
Address. Frederick, Md. Date signed. 7/19/46



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (W.H.)

CERTIFICATE OF DEATH

06983

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick

County

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Co. Emergency Hospital

How long in hospital or institution? 2 hours

3. (a) FULL NAME

JANE MAUREEN ARMSTRONG

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

colored

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

July 9, 1946

8. AGE: Years

Months

Days

If less than one day

0

0

10

hrs.

min.

9. Birthplace

Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

Junious Armstrong

12. Name

Frederick Co., Md.

13. Birthplace

Iris Elizabeth Ogle

14. Maiden name

Frederick Co., Md.

15. Birthplace

Mrs. Junious Armstrong

16. Informant

518 N. Bentz St., Fred., Md.

Address

Burial

Date thereof 7/21/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or cemetery

Silver Cemetery

Location

Mt. Pleasant, Md.

18. Funeral director

M. R. Etchison & Son

Address

Frederick, Md.

19. (Date rec'd by registrar)

1946

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

518 N. Bentz Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19,

1946 21 1A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 9, 1946

1946

10

and that I last saw her alive on July 19, 1946

Immediate cause of death

Congenital Deformity

Due to

Obstruction

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

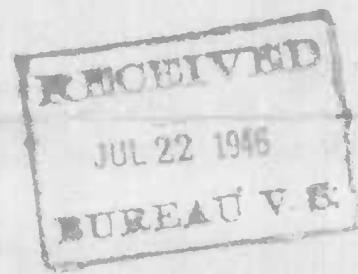
23. SIGNATURE

M. D. or other

Address

Date signed

7/19/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH

06984

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yearsHospital, institution, or street address where death occurred: Frederick Junction

How long in hospital or institution?

3. (a) FULL NAME

Mrs. Irene Catherine Baumgardner none

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female white divorced

B. (b) Name of husband or wife

Taris G. Baumgardner

7. Birth date of deceased (mo., day, yr.)

Feb. 19 18966. (c) If alive, give age 52 years

8. AGE:

Years

Months

Days

If less than one day

50

4

23

hrs.

min.

9. Birthplace

Frederick, Frederick, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Deuter Stoltzmaner

FATHER

12. Name

Wolfeville, Md.

13. Birthplace

Virginia Meisinger

14. Maiden name

Wolfeville, Md.

15. Birthplace

Mrs. Edith Albaugh

16. Informant

Frederick, Md.

Address

Burial July 14, 1946

17. (Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or crematory

Mt. Olivet

Location

Frederick, Md.

18. Funeral director

Harry A. Taft Co.

Address

Frederick, Md.19. (Date rec'd by registrar) 13 July 1946

(Date rec'd by registrar)

Elizabeth G. Heile

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MdCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 300

W. Patrick

(If rural, give LOCATION)

none

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 12 1946 at 12:12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

10

19

and that I last saw her dead alive on July 12 1946

Immediate cause of death

Compound fracture of both legs
Internal hemorrhage
Shock, hemorrhage

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

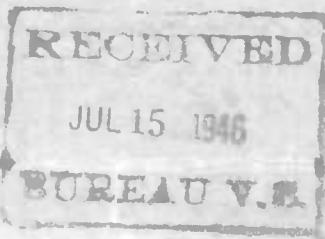
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 7-12-46Where did injury occur? Frederick Junction, Frederick, Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Route 240Means of injury Auto Injured at work? no23. SIGNATURE P. W. Barr Deputy Sheriff M. D. or otherAddress Frederick, Md. Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1628

06985

Reg. Dist. No.

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County FrederickCity or town Buckeystown R.F.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

AGNES ANN BELL

4. Sex

Female

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Nathan E. Bell

7. Birth date of 1

deceased (mo., day, yr.)

January 1, 1869

years

8. AGE:

77

Years

Months

Days

Days

It less than one day

hrs.

min.

9. Birthplace

Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

At Home

MOTHER FATHER

12. Name William Price13. Birthplace Frederick Co., Md.

14. Maiden name

Sarah Unknown15. Birthplace Frederick Co., Md.

16. Informant

Mr. John Bell

Address

Dickerson, Md.

17. Burial

Date thereof 7/20/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or cemetery Della A.M.E. CemeteryLocation Buckeystown, R.F.D.

18. Funeral director

M. R. Etchison & Son

Address

Frederick, Md.

19. (Date filed by registrar)

19 July 1946Elizabeth Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Buckeystown R.F.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

NONE

2.(a) If veteran, name war.....

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

2D. DATE OF DEATH

July 17,

1946

at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May

1946, 10

July 17 - 1946

and that I last saw her alive on July 12, 1946 1946

Immediate cause of death

ExhaustionDue to Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

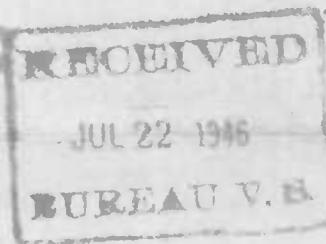
23. SIGNATURE

Dr. H. G. Bourne Jr.

M. D. or other

Address

Frederick, Md.Date signed 7/18/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131a)

CERTIFICATE OF DEATH

06986

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Frederick

Frederick

3 days

How long in above place of death?

Hospital, Institution or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

3 days

3. (a) FULL NAME

George W. Bittle

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife

Mary Elizabeth

7. Birth date of deceased (mo. day, yr.)

Pontyak

6. (c) If alive, give age years

Act 27, 1866

8. AGE:

Years

Months

Days

It less than one day

79

8

13

hrs.

min.

9. Birthplace

Mr. Ellerton, Frederick Co. Md.

(Town, county, and state)

10. Usual occupation

Banker, President

11. Industry or business

Myersville Savings Bank

FATHER

James F. Bittle

12. Name

Maryland

13. Birthplace

Maryland

14. Maiden name

Mary Waters

15. Birthplace

Maryland

16. Informant

D. Edgar Bittle

Address

Myersville, Md.

17. Burial

Burial

(Burial, cremation, or removal, if any)

Date thereof July 13, 1946

(month) (day) (year)

18. Cemetery or crematory

St. Paul's Lutheran

Location

Myersville, Md.

19. Funeral director

Paul F. Bittle

Address

Myersville, Md.

20. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Myersville

County

Street No.

(If outside city or town limits, write RURAL and give nearest town)

2.(a) If veteran, name war

3. (b) Social Security Number

212-14-6637

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 10, 1946, at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 26, 1946, to July 10, 1946.

and that I last saw him alive on July 10, 1946.

Immediate cause of death

DURATION

Due to

2 days

Due to

Arteriosclerosis

Other conditions

Nephritis.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

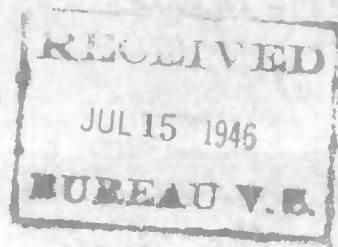
Means of injury

Injured at work?

23. SIGNATURE

J. E. Hard, M.D. or other

Address Date signed 7-11-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77

06987

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County... Frederick

City or town... Point of Rocks

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

George Randolph Bond

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6. (b) Name of husband or wife Mollie Jenkins

7. Birth date of deceased (mo., day, yr.) April 8, 1872

6. (c) If alive, give age 75 years

8. AGE: Years	Months	Days	If less than one day
74	3	19	hrs. min.

9. Birthplace Sandyhook, Wash. Co., Md.

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business B. & O. R. R. Shops

12. Name John Bond

13. Birthplace Wash. Co., Md.

14. Maiden name Mary Bisett

15. Birthplace Wash. Co., Md.

16. Informant Mrs. G. R. Bond,

Address Point of Rocks, Md.

17. Burial

Date thereof 7 / 30 / 46

(Burial, cremation, or removal, where)

Cemetery or crematory St. Pauls Cemetery,
Point of Rocks, Md.

Location

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. 30 July 1946

(Date ready by registrar)

Elizabeth G. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County... Frederick

City or town... Point of Rocks

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

July 27,

19 46 5.45P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Son 16 1946 to July 27 1946
and that I last saw him alive on July 17 1946

Immediate cause of death

Pneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Insane or injury

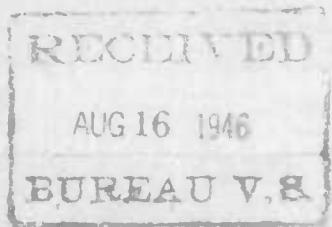
Injured at work?

23. SIGNATURE

Brunswick, Md.

M. D. or other

Address Date signed 7/29/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2020

06988

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 years

Hospital, institution, or street address where death occurred:

167 W. All Saints Street

How long in hospital or institution?.....

3. (a) FULL NAME

MARIE MADGELINE BROWN

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

Colored

Married

6. (b) Name of husband or wife

James L. Brown

7. Birth date of deceased (mo., day, yr.)

February 28, 1895

6. (c) If alive, give age 55 years

8. AGE: Years

Months

Days

If less than one day

51

4

22

hrs.

min.

9. Birthplace

Petersville, Fred., Co., Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

At Home

MOTHER FATHER

William Brooks

MOTHER

Petersville, Fred., Co., Md.

FATHER

Mary E. Allbrooks

MOTHER

Petersville, Fred., Co., Md.

FATHER

Mr. James L. Brown

16. Informant

Address 167 W. All Saints St., Fred. Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 7/24/46

(month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Frederick, Md.

18. Funeral director

M. R. Etchison & Son

Address

Frederick, Md.

19. 22 July 1946
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

167 W. All Saints St.

(If rural, give LOCATION)

NONE

2.(a) If veteran, name war.....

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 20 1946 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw her dead alive on July 20 1946 to 1946

Immediate cause of death

Cerebral hemorrhage

DURATION

20 min

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

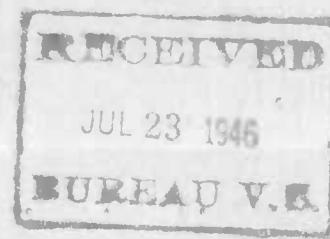
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. W. Brown, M. D. or other
Address Frederick, Md. Date signed 7-21-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

06989

CERTIFICATE OF DEATH

Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Frederick
City or town: Brunswick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

9 East B

How long in hospital or institution?

3. (a) FULL NAME

Jesse Leon Carter4. Sex: Male 5. Color or race: white 6. (a) Single, married, widowed, or divorced: MarriedB. (b) Name of husband or wife: Eris Mirman7. Birth date of deceased (mo., day, yr.): Aug 12th 1890 8. (c) If alive, give age: 56 years8. AGE: 55 Years 10 Months 28 Days If less than one day hrs. min.9. Birthplace: Md. (Town, county, state)10. Usual occupation: B.R.R. Conductor11. Industry or business: Transporter12. Name: Isaac Carter13. Birthplace: Virginia14. Maiden name: Mary Hoffmester15. Birthplace: Md.16. Informant: R. S. CarterAddress: Brunswick Rd.17. Burial Date thereof: July 14 1946 (Burial, cremation, or removal which?) (month) (day) (year)Cemetery or crematory: BethelLocation: Brunswick Md.18. Funeral director: C. D. BriceAddress: Brunswick Md.19. Date rec'd by registrar: July 13 1946 Eugene H. Bush

(Date rec'd by registrar) (Signature) (Date issued)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: FrederickCity or town: Brunswick (If outside city or town limits, write RURAL and give nearest town)Street No: 9 East B St (If rural, give LOCATION)

2. (a) If veteran, name war:

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1946 to July 10 1946 and that I last saw him alive on July 8 1946

Immediate cause of death:

Coronary OcclusionDue to: Coronary Sclerosis

Due to:

Other conditions: Coronary Occlusion

DURATION

5 mo

—

3 yrs

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

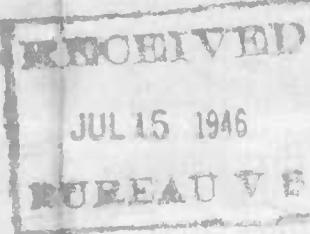
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —Where did injury occur? — (City or town) — (County) — (State)Injured at home, farm, industry, public place (where?) —Means of injury: — Injured at work? —

23. SIGNATURE

M. D. or other — Date signed 7/11/46Address: Jefferson Blvd



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 468

06990

CERTIFICATE OF DEATH

Reg. Distr. No. 131

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

320 West Patrick Street

How long in hospital or institution?.....

3. (a) FULL NAME

LULA LEE CLEVENGER

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

W

6. (b) Name of husband or wife

Thomas W. Clevenger

7. Birth date of deceased (mo., day, yr.)

November 26, 1865

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

80

8

5

..... hrs. min.

9. Birthplace

Berryville-Clark-Virginia

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER

Charles E. Hardesty

13. Birthplace

Clark County Virginia

14. Maiden name

Jane L. Anderson

15. Birthplace

Clark County Virginia

16. Informant

Mrs. Eleanor V. Zimmerman

Address

320 W. Patrick St., Frederick, Md.

17. Burial

Date thereof: 8/2/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Edgehill Cemetery

Location

Charlestown, West Virginia

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

19-46

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 320 West Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

July 31st, 1946, a.m. 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1946, to July 31, 1946, and that I last saw her alive on July 30, 1946.

Immediate cause of death

Malnutrition, dehydration, exhaustion

Due to

Pylone (Obstruction)

Carcinoma Pylorus

Other conditions

Senility

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. J. Price

M. D.

M. D. or other

Jefferson, Maryland

Date signed 7-31-46

RECEIVED

AUG 3 1946

BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Bd

CERTIFICATE OF DEATH

06991

Reg. Dist. No. 144

1. PLACE OF DEATH:
Frederick
County.....
Graceham
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
5 years
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland
County.....
Frederick
Graceham
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Lillie May Crawford.

3. (b) Social Security Number

4. Sex
Female
5. Color or race
White
6.(a) Single, married, widowed, or divorced
Widowed

Frederick C. Crawford.

6.(b) Name of husband or wife.....
7. Birth date of
deceased (mo. day, yr.)
March 7, 1870

6.(c) If alive, give age..... years

8. AGE: Years
76
Months
4
Days
23
If less than one day
hrs. min.

9. Birthplace.....
Creagerstown, Frederick Co. Md.
(Town, county, and state)

10. Usual occupation.....
Retired housewife11. Industry or business.....
Home12. Name.....
James A. Groshon13. Birthplace.....
Frederick Co., Md14. Maiden name.....
Lucy Ann Derr15. Birthplace.....
Frederick Co., Md.16. Informant.....
Mrs Edythe HarbaughAddress.....
Thurmont, Md.

17. Burial.....
(Burial, cremation, or removal. Which?)
Date thereof.....
August 1, 1946
(month) (day) (year)

Cemetery or crematory.....
Graceham CemeteryLocation.....
Graceham, Md.

18. Funeral director.....
M. L. Creager & Son
Address.....
Thurmont, Md.

19. Date rec'd by registrar.....
July 31, 1946
(Date rec'd by registrar)

Blanche S. Eyer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....
July 30, 1946, 12:20AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 28, 1946, to July 30, 1946,
and that I last saw h. ex. alive on July 29, 1946.

Immediate cause of death.....
Angina Pectoris
Duration.....
4 mos.

Due to.....
Arteriosclerosis
Duration.....
?

Due to.....
Hypertension
Duration.....
?

Other conditions.....
Chronic myocardiitis
(Include pregnancy within 8 months of death)

Major findings of operations.....
none
Date of op.....

Autopsy results.....
none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide.....
Date of.....

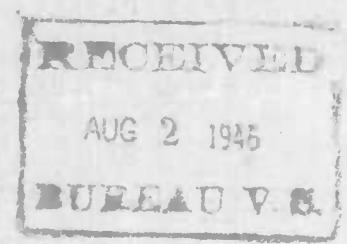
Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....
Injured at work?

23. SIGNATURE.....
M. Franklin Bird, M.D.
M. D. or other
Address.....
Thurmont, Md.

Date signed.....
July 31, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-C

06992

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Since 5/8/37

How long in above place of death?

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis SanatoriumHow long in hospital or institution? Since 5/8/37

3. (a) FULL NAME

Lee J. Cullum

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MaleWhiteDivorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

September 16, 1913

8. AGE:

Years

Months

Days

If less than one day

32924

hrs.

min.

9. Birthplace

Baltimore, Maryland

(Town, county, and state)

10. Usual occupation

Printer

11. Industry or business

FATHER 12. Name Lee J. Cullum13. Birthplace BaltimoreMOTHER 14. Maiden name Irene Ward15. Birthplace ?

16. Informant

Address

17. Unknown Burial Date thereof Unknown 7/13/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Unknown Oak LawnLocation Unknown Baltimore, Md.18. Funeral director M. L. Creager & SonAddress Thurmont, Maryland19. July 11 1946
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1632 N. Washington St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

212-07-3396

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1946 at 11:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8 1937 to July 10 1946and that I last saw him alive on July 10 1946

Immediate cause of death

Pulmonary Tuberculosis

DURATION

9 1/2 Yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

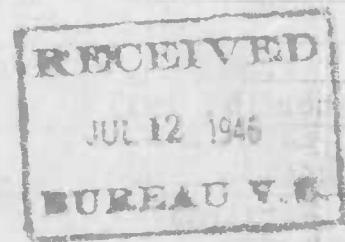
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE J. B. LynnM. D. op. 100Address State Sanatorium, Md. Date signed 7/11/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23

06993

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 Years

Hospital, institution, or street address where death occurred:

48 Taney Apartments

How long in hospital or institution?

3. (a) FULL NAME

JOHN LIVINGSTON DAVIS

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

M

8. (b) Name of husband or wife

Emma Jane White

7. Birth date of deceased (mo., day, yr.)

December 12, 1882

6. (c) If alive, give age 62 years

8. AGE: Years

Months

Days

If less than one day

63

7

12

hrs.

min.

9. Birthplace Virginia

(Town, county, and state)

Salesman

10. Usual occupation

11. Industry or business

12. Name John Davis

13. Birthplace Virginia

14. Maiden name Eliza McCord

15. Birthplace Virginia

16. Informant Mrs. Emma Davis

Address 48 Taney Apts., Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 7/27/46

(month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address Frederick, Maryland

19. (Date rec'd by registrar) 26 July 1946

Elizabeth G. Hack

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No 48 Taney Apartments

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1946

at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1943 to July 24, 1946

and that I last saw him alive on July 24, 1946

Immediate cause of death

Coronary Thrombosis

OBITUARY

5 days

Due to

Tonic Myoclonia

?

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

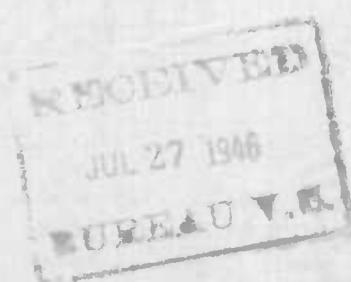
Injured at work?

23. SIGNATURE Howard W. Clark

M. D.

M. D. or other

Address Frederick, Maryland Date signed 7-25-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06994

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Non-Hosp. institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color of face

6. (a) Single, married, widowed, or divorced

Female

White

Single

B. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

78

3

18

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 7

19 46, at 12:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 29 1946 to July 7 1946
and that I last saw her alive on July 7 1946

Immediate cause of death

Arterio-sclerotic C.V. Disease

DURATION

10 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

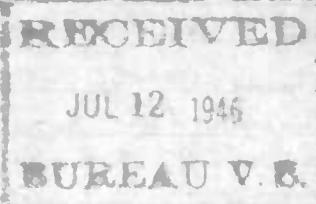
23. SIGNATURE

Bernard H. M.D.

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

06995

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

50 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

360 West Patrick Street

How long in hospital or institution?

3. (a) FULL NAME

FRANCIS EPPLEY, JR.

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Virgie G. Main

6. (c) If alive, give age years

67

7. Birth date of deceased (mo., day, yr.)

February 22, 1878

8. AGE:

Years

68

Months

4

Days

11

If less than one day

hrs.

min.

9. Birthplace

New Market-Frederick-Maryland
(Town, county, and state)

10. Usual occupation

Plumber

11. Industry or business

12. Name

Francis Eppley, Sr.

13. Birthplace

Frederick County Maryland

14. Maiden name

Mary Lease

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. Virgie G. Main

Address

360 W. Patrick St., Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

7/5/46

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 3 July 1946

(Date issued by registrar)

Elizabeth B. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 360 West Patrick Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3rd, 1946 at 10:45A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h im DEAD July 3rd, 1946

Immediate cause of death

Coronary Thrombosis

DURATION

1 hr (?)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Deputy Medical Examiner

Charles H. Conley

M. D. or other

23. SIGNATURE

Frederick, Maryland Date signed 7-3-46

Address

RECEIVED

JUL 5 1946

BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 181

CERTIFICATE OF DEATH

06996
Reg. D. I. A. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? Since May 15, 1946

3. (a) FULL NAME

CHARLES CARROLL FITZHUGH

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

M

6. (b) Name of husband or wife

Grace Elizabeth Hyatt

7. Birth date of deceased (mo., day, yr.)

August 14, 1891

6. (c) If alive, give age years

35

8. AGE: Years

Months

Days

If less than one day

54

11

11

hrs.

min.

9. Birthplace (Town, county, and state)

Detroit, Mich.

10. Usual occupation

Retired Army Officer

11. Industry or business

U. S. Army

MOTHER FATHER

Henry Fitzhugh, Sr.

13. Birthplace

New Orleans, La.

MOTHER

Winnifred Poe

15. Birthplace

Washington, D. C.

16. Informant

Mrs. Grace Fitzhugh

Address R. F. D. #5, Frederick, Maryland

17. Burial

Date thereof 7/27/46

(Burial, cremation, or removal, where?)

(month) (day) (year)

Mount Olivet Cemetery

Cemetery or crematory

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

19. 46

(Date rec'd by registrar)

Elizabeth Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Frederick

City or town Frederick-Rural R. F. D. #5

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Gambrill Park

(If rural, give LOCATION)

2. (a) If veteran, name war

World War I

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

July 25th, 1946, at 6:10 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19. to 19.

and that I last saw him alive on July 25th, 1946.

Immediate cause of death: Neuropathy.From the pulmonary
Septicemia

DURATION

1 week

Due to:

2+3 degrees burns of

Due to: Arterial Angiitis & Arteritis.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

a. Cadet Date of 5/15/46

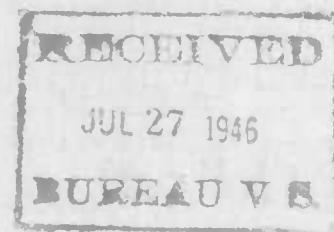
Where did injury occur? Route 5 Frederick, Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Cigarette caught on fire Injured at work? No

Deputy Medical

Examiner P. W. Barr

M. D. or other

Address Frederick, Maryland Date signed 7-25-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

06997

131

Reg. Dist. No. 151

1. PLACE OF DEATH: County..... City or town.....			
Frederick Frederick-Rural (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?.....			
Hospital, institution, or street address where death occurred: Montevue - C. H. HOME 6 Weeks			
How long in hospital or institution?.....			
3. (a) FULL NAME JOHN CALVIN FLOOK			
4. Sex M	5. Color or race W	6. (a) Single, married, widowed, or divorced W	
6. (b) Name of husband or wife..... Collie Mae McBride			
6. (c) If alive, give age..... years			
7. Birth date of deceased (mo., day, yr.) February 3, 1867			
8. AGE: Years 79 Months 5 Days 18 If less than one day hrs. mins.			
9. Birthplace..... Middletown-Frederick-Maryland (Town, county, and state)			
10. Usual occupation..... None			
11. Industry or business			
MOTHER FATHER	12. Name..... J. Henry Flook		
	13. Birthplace..... Frederick County Maryland		
MOTHER	14. Maiden name..... Leahon Brandenburg		
	15. Birthplace..... Washington County Maryland		
16. Informant..... Miss Mary L. Flook			
Address Bethesda, Maryland		Date thereof..... 7/25/46 (month) (day) (year)	
17. Burial..... (Burial, cremation, or removal-Which?) Reformed Cemetery Cemetery or Crematory			
Location..... Middletown, Maryland			
18. Funeral director..... M. R. Etchison and Son			
Address Frederick, Maryland		Date rec'd by registrar..... 1946 Elisabeth G. Heck Registrars	
19. (Date rec'd by registrar)		1946	

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
State.....	Maryland
County.....	Frederick
For town.....	Middletown
(If outside city or town limits, write RURAL and give nearest town)	
Street No.....	
(If rural, give LOCATION)	
2 (a) If veteran, name war	None

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 21st, 1946, at 7:30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
.....June 20.....1946, to.....July 21.....1946
and that I last saw him alive on.....July 21.....1946

Immediate cause of death..... DURATION
~~arteriosclerotic~~
~~cardio-vascular disease~~ 10 years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, pub & place (where?)

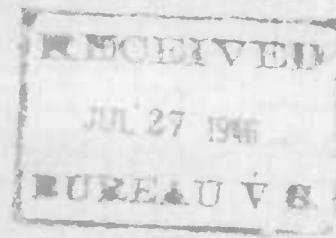
Day 126 2000

23. SIGNATURE..... M. D. or other

Address..... Frederick, Maryland..... Date signed.... 7-25-46

Address.....
Date signed.....

Address.....
Date signed.....



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

06998

131

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

Emergency Hospital

How long in hospital or institution?

2 days

3. (a) FULL NAME

Leo Frankle Fritz

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

27 hrs. min.

8. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

P. F. S. #1

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

July 4, 1946 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 2, 1946, to July 4, 1946, and that I last saw deceased alive on July 4, 1946.

Immediate cause of death

Bronchitis-pneumonia

DURATION

5 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Henra (M.D.)

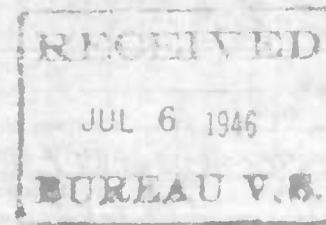
M.D. or other

Address

Frederick, Md. Date signed July 5, 1946

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BY AGENT STAFFED



PLEASE WRITE PLAINLY, WITH UNFADING INK.
Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

06999

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

30 Years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

17 East Sixth Street

How long in hospital or institution?

3. (a) FULL NAME

RUTHER V. HAMMOND

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

Colored

Widow

6. (b) Name of husband or wife

Charles Hammond

7. Birth date of deceased (mo., day, yr.)

Unknown

6. (c) If alive, give age years

8. AGE:

Years
78 ?

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Unknown

(Town, county, and state)

At Home

10. Usual occupation.

11. Industry or business

MOTHER FATHER

William H. Robinson

13. Birthplace

Maryland

14. Maiden name

Henrietta Jackson

15. Birthplace

Maryland

16. Informant

Family Records

Address

17. Burial

(Burial, cremation, or removal, which)

Date thereof

7/24/46

(month) (day) (year)

Cemetery or cemetery

Fairview Cemetery

Location

Frederick, Md.

18. Funeral director

M. R. Etchison & Son

Address

Frederick, Md.

19. 24 - July 1946
(Date rec'd by registrar)

Elizabeth G. H. H. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 17 East Sixth Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 20 1946 at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on July 20 1946

Immediate cause of death

Coronary occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

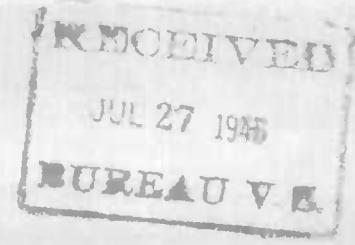
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. W. Barr Deputy Clerk
M. D. or other
Address Frederick, Md. Date signed July 20, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 390

CERTIFICATE OF DEATH

07000 131
Reg. Dist. No. 131

1. PLACE OF DEATH:
Frederick
County

City or town
Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Frederick City Hospital

How long in hospital or institution? 8 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Virginia County Frederick
City or town Leesburg
(If outside city or town/limits, write RURAL and give nearest town)

Street No. Loudoun Co
(If rural, give LOCATION)

2.(a) If veteran, name war
✓

3. (a) FULL NAME

John Alexander Hope

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Coxa M. Hope

7. Birth date of deceased (mo., day, yr.) July - 20 - 1880

8. AGE: Years Months Days If less than one day
65 11 17 hrs. min.

9. Birthplace Hamilton, Virginia
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Charles W. Hope

MOTHER 13. Birthplace Virginia

14. Maiden name Annie C. Kuhlmann

15. Birthplace Virginia

16. Informant Mrs. Ray Stimers

Address Leesburg, Va

17. BURIAL Date thereof July 9-1946
(Burial, cremation, or removal, where?)

Cemetery or crematory UNION Cemetery

Location Leesburg, VA

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. July 7, 1946
(Date rec'd by registrar)

Registrar
Elizabeth B. Heck

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 7 1946 at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 30 1946 to July 7 1946
and that I last saw him alive on July 7 1946

Immediate cause of death
Rocky Mountain Spotted Fever
DURATION
10 Days

Due to.

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

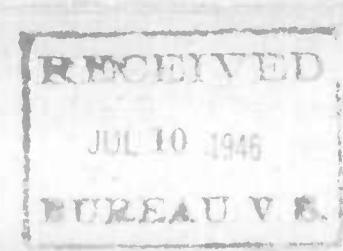
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Lauren Fahney, M.D.

D. or other

Address Frederick, MD Date signed 7-7-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 112

CERTIFICATE OF DEATH

07001

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2 Days

3. (a) FULL NAME

ETHEL BURDETTE KREIMER

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

M

6. (b) Name of husband or wife

Clinton A. Kreimer

7. Birth date of deceased (mo., day, yr.)

July 1, 1883

8. (c) If alive, give age years

75

8. AGE:

Years

Months

Days

If less than one day

63

0

8

hrs.

min.

9. Birthplace

Woodstock, Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

William D. Webb

MOTHER FATHER

Howard County Maryland

MOTHER

Anna V. Stackhouse

FATHER

Howard County Maryland

15. Birthplace

Clinton A. Kreimer

16. Informant

Address 9 E. 4th St., Frederick, Md.

17. Burial

Date thereof 7/11/46

(Burial, cremation, or removal. When?)

(month) (day) (year)

Cemetery or cemetery

Hood Cemetery

Location Near Ridgeville, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 10 July

1946

(Date read by registrar)

Elisabeth G. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 9 East Fourth Street

(If rural, give LOCATION)

None

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 9 1946 at 5:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 7 1946 to July 9 1946

and that I last saw her alive on July 9 1946

Immediate cause of death

Bronchial Asthma

DURATION

25 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

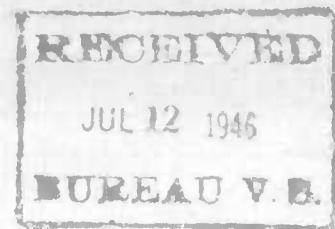
23. SIGNATURE

Bernard J. Flannigan M. D.

M. D. or other

Address Frederick, Md.

Date signed July 9, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

07002

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 MONTHS

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Henry Linton

4. Sex

5. Color or race

6. (a) Single, married, widowed, or separated

Male

White

Widower

6. (b) Name of husband or wife

Florence R. Ford

7. Birth date of deceased (mo., day, yr.)

February 9, 1868

6. (c) If alive, give age years

8. AGE: Years

Months

Days

If less than one day

78

5

8

hrs.

min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name Samuel Linton

13. Birthplace Virginia

14. Maiden name Annie Elizabeth Snyder

15. Birthplace Virginia

16. Informant Mr. Martin Linton

Address Frederick R.F.D. #1

17. Burial

Date thereof 7/21/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or cemetery Brook Hill Cemetery

Location Nr. Yellow Springs, Md.

18. Funeral director M. R. Etchison & Son

Address Frederick, Md.

19. (Date rec'd by registrar) 1946

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Frederick

City or town Nr. Mt. Pleasant

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

NONE

2. (a) If veteran, name war

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 17,

19 46 at 8:30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 23

1945 to July 17 1946

and that I last saw h. i. m. alive on

July 16

1946

Immediate cause of death

Carcinoma sigmoid

DURATION

1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

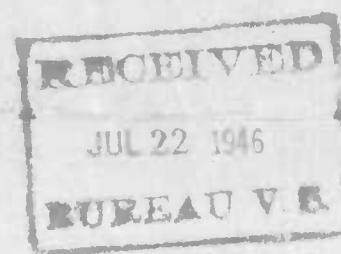
23. SIGNATURE

Bernard Klemas Jr.

M. D. or other

Address Frederick, Md.

Date signed 7/18/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1572

07003

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:
County Frederick

City or town Emmitsburg - rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME
Mary Cecelia McCullough.

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
----------------------	-------------------------------	--

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) June 30, 1929

8. AGE: Years <u>17</u>	Months <u>0</u>	Days <u>11</u>	If less than one dayhrs.min.
-------------------------	-----------------	----------------	---

9. Birthplace Gettysburg, Adams Co., Pa.
(Town, county, and state)

10. Usual occupation A student

11. Industry or business High School

Richard J. McCullough

13. Birthplace Carlisle, Penna.

14. Maiden name Madalyn Griffith

15. Birthplace York, Penna.

16. Informant Richard J. McCullough

Address Emmitsburg, Md.

17. Burial St. Anthony's Date thereof July 15, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Anthony's

Location St. Anthony's, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Md.

19. Date rec'd by registrar July 13, 1946 Registrar W. L. Shaff
Address Emmitsburg, Md. Date signed 7-12-46

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Emmitsburg - rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. None
(If rural, give LOCATION) No.

2.(a) If veteran, name war.....

3. (b) Social Security Number
None.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1946 at 2:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1931 19. to July 11 19. 46 and that I last saw him alive on July 5 19. 46.

Immediate cause of death Patent ductus arteriosus - since birth

Due to Congenital -

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

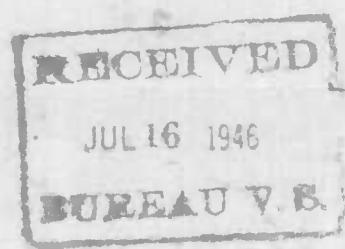
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE W. L. Shaff M.D. M. D. or other

Address Emmitsburg, Md. Date signed 7-12-46



MARYLAND STATE DEPARTMENT OF HEALTH *

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

07004 131
Reg. Dlat. No.

1. PLACE OF DEATH: Frederick
 County Frederick
 City or town Frederick (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, Institution, or street address where death occurred: 1606 N. Market St.
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Virginia County —
 City or town Lacey Springs (If outside city or town limits, write RURAL and give nearest town)
 Street No. — (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME
 JOSEPHINE ELIZABETH MEYERS
 4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Jacob S. Myers
 7. Birth date of deceased (mo., day, yr.) 2 - 26 - 1866 6. (c) If alive, give age — years
 8. AGE: Years 80 Months 4 Days 23 If less than one day — hrs. — min.
 9. Birthplace Lacey Springs - Virginia (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name Simon P. Summers
 13. Birthplace Lacey Springs - Va.
 14. Maiden name Catherine Kline
 15. Birthplace New Market, Va.
 16. Informant Mr. Earl L. Myers
 Address 1606 N. Market St. - Frederick Md.
 17. Burial Burial Date thereof 7-23-46 (month) (day) (year)
 Cemetery or crematory Linnville Cemetery
 Location Broadway - Virginia
 18. Funeral director C. E. Cline & Son
 Address Frederick - Md.
 19. 22 July 1946 (Date rec'd by registrar) Elizabeth G. Heck (Signature)
 VS A15

3. (b) Social Security Number none

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946 et 10:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1946 to July 19 1946 and that last saw her alive on July 17 1946.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Other conditions Sensitivity (Include pregnancy within 8 months of death)

Major findings or operations none

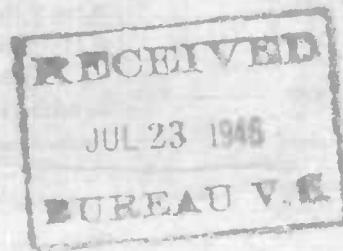
Date of op. —

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide — Date of —
 Where did injury occur? — (City or town) — (County) — (State)
 Injured at home, farm, industry, public place (where?) —
 Meant of injury — Injured at work? —

23. SIGNATURE A. Gusta Pearce M.D. M. D. or other —
 Address Frederick, Md. Date signed 7/20/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

07005

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 monthsHospital, institution, or street address where death occurred: Frederick City HospitalHow long in hospital or institution? 10 minutes

3. (a) FULL NAME

DR. ROBERT IRVIN MYERS

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Estella Varney

7. Birth date of deceased (mo., day, yr.)

January 19, 1885

6. (c) If alive, give age 62 years

8. AGE: Years

Months

Days

If less than one day

61

6

1

hrs.

min.

9. Birthplace

Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Retired Druggist

11. Industry or business

Owner of Busniess

MOTHER FATHER

12. Name

Charles A. Myers

13. Birthplace

Frederick, Md.

14. Maiden name

Romona Fox

15. Birthplace

Frederick, Md.

16. Informant

Mrs. Robert I. Myers

Address

5031 5th. St., Washington, D. C.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 7/22/46

(month) (day) (year)

Cemetery or cemetery

Mt. Olivet Cemetery

Location

Frederick, Md.

18. Funeral director

M. R. Etchison & Son

Address

Frederick, Md.

19. Date rec'd by registrar

19. 22 July 1946

Elizabeth J. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

District of Columbia

City or town Washington

Street No. 5031 5th Street, N.W.

(If rural, give LOCATION)

NONE

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 20 1946, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 20 1946, to July 20 1946

and that I last saw deceased alive on July 20 1946

Immediate cause of death

Cerebral Hemorrhage

Due to

Hypertension

Other conditions

Gastric disease

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Pearce M.D.

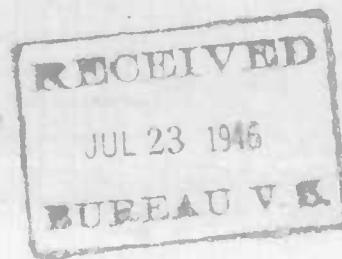
M. D. or other

Address

Frederick, Md.

Date signed

7/21/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 127-2

CERTIFICATE OF DEATH

07006131
Reg. Dist. No. 1

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, Institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 3 weeks

3. (a) FULL NAME

ELMER ELLSWORTH NIKIRK

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Goldie Mae Brandenburg

7. Birth date of deceased (mo., day, yr.)

August 7, 18948. (c) If alive, give age 50 years

8. AGE:

Years

Months

Days

If less than one day

51

11

14

hrs.

min.

8. Birthplace

Monrovia, FRed., Co., Md.

(Town, county, and state)

10. Usual occupation

Truck Driver

11. Industry or business

Maryland Transportation Co.

MOTHER FATHER

12. Name George D. Nikirk

MOTHER FATHER

13. Birthplace Middletown, Md.

MOTHER FATHER

14. Maiden name Amanda Smith

MOTHER FATHER

15. Birthplace Middletown, Md.

16. Informant

Elmer R. Nikirk

Address

Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 7/23/46

(month) (day) (year)

Cemetery or crematory

Methodist Cemetery

Location

Kempton, Maryland

18. Funeral director

M. R. Etchison & Son

Address

Frederick, Maryland

19. Date rec'd by registrar

23 July 1946

(Date rec'd by registrar)

Elizabeth L. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 19 Jefferson Street

(If rural, give LOCATION)

NONE

2. (a) If veteran, name war

3. (b) Social Security Number

214-10-5035

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 21, 1946, at 3:30 p.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19. to 19. July 21, 1946and that I last saw him alive on July 21, 1946

Immediate cause of death

Intestinal Hemorrhage

DURATION

5 daysDue to Post-operative - Cholecystitis
& cholelithiasis11 daysDue to Cholecystitis2 yrs. +

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations Chronic cholecystitis -
Intestinal obstructionsDate of op. July 10

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank D. Deborogh

W.D. or other

Address Frederick, Md.Date signed 7/22/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

112

CERTIFICATE OF DEATH

Reg. Dist. No. 0700732

1. PLACE OF DEATH:

County.....

City or town.....

Frederick
RFD
Middletown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 47 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Mrs. Mary Alberta Nikirk

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Albert W. Nikirk

7. Birth date of deceased (mo., day, yr.)

Dec. 19, 1871

6. (c) If alive, give age 78 years

8. AGE:

Years

14

Months

6

Days

20

If less than one day

hrs. min.

9. Birthplace

Frederick, Frederick County, Md.

(Town, county, and state)

10. Usual occupation

I Farmer

11. Industry or business

Albert F. Rimborg

Frederick, Md. RFD

12. Name

Albert F. Rimborg

13. Birthplace

Frederick, Md. RFD

14. Maiden name

Mary Ann Zimmerman

15. Birthplace

Frederick, Md. RFD

16. Informant

Albert W. Nikirk

Address

Middletown, Md.

17. (Burial, cremation, or removal, which)

Burial Date thereof July 12 1946

Cemetery or crematory

Reformed Cemetery

Location

Middletown, Md.

18. Funeral director

G. L. Hall Co.

Address

Middletown, Md.

19. (Date rec'd by registrar)

July 12 1946

Marie Gladwell

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland County.....

City or town.....

Middletown (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION) No

2.(a) If veteran, name war.....

3. (b) Social Security Number

No

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 9 1946, at 6:00 P.M.

Jan. 1946 to July 9 1946
and that I last saw her alive on July 9 1946

Immediate cause of death.....

Pneumonia Edema

Due to

Due to

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

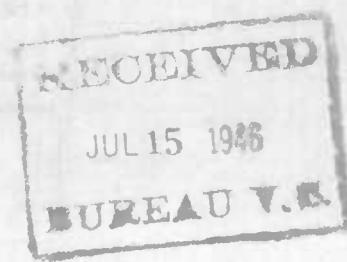
Means of injury

Injured at work?

23. SIGNATURE

J. E. Hart, M.D. M. D. or other

Address: 131 Main Street Date signed: 7-10-46



VS A15 7 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

0708 131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Frederick
County

Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

3 Days

3. (a) FULL NAME

FRANK BENJAMIN ONLEY

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	W

6. (b) Name of husband or wife

Mary Jane Thornton

7. Birth date of deceased (mo., day, yr.)

May 3, 1873

6. (c) If alive, give age years

8. AGE:	Years	Months	Days	If less than one day
	73	2	28	hrs. min.

8. Birthplace

Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER	12. Name	J. Edward Onley
	13. Birthplace	Frederick County Maryland

MOTHER	14. Maiden name	Mary Joyce
	15. Birthplace	Frederick County Maryland

16. Informant

Mrs. George Thompson

Address

Ijamsville, Md. - Rural

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

8/3/46

(month) (day) (year)

Cemetery or cemetery

Fairview Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

1941

Signature

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick (If outside city or town limits, write RURAL and give nearest town)

Street No. 241 Phebus Avenue

(If rural, give LOCATION)

None

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 31st 1946, at 10:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 28 1946 to July 31 1946

and that I last saw h.i.m. alive on July 31 1946

Immediate cause of death

Cerebral hemorrhage

DURATION

4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard H. H. M. D.

M. D. or other

Address

Frederick, Maryland Date signed 8-2-46

RECEIVED

AUG 3 1946

FEDERAL BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07009

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town..... **State Sana torium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **Since 5/27/46**
 Hospital, institution, or street address where death occurred: **Maryland Tuberculosis Sanatorium**
 How long in hospital or institution?..... **Since 5/27/46**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... **Maryland** County..... **Prince George**
 City or town..... **New Fort Washington**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... **Rt. 2. 8780 New Ft. Wash.**
 (If rural, give LOCATION)

3. (a) FULL NAME
Minnie Florence Pool

3. (b) Social Security Number
None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6. (b) Name of husband **Noah C. Pool**

7. Birth date of deceased (mo., day, yr.) **Sept. 28, 1890**

8. AGE: Years **55** Months **9** Days **19** If less than one day
 hrs. min.

9. Birthplace..... **Maryland**
 (Town, county, and state)

10. Usual occupation..... **Housewife**

11. Industry or business

12. Name..... **William Boughter**
 13. Birthplace..... **Maryland**

14. Maiden name..... **Mary Berry**
 15. Birthplace..... **Maryland**

16. Informant..... **May E. Pool (Daughter)**
 Address **170 - 35th St. N.W., Wash., D.C.**

17. Burial..... **Burial** Date thereof **July 20, 1946**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Fort Lincoln Cemetery**
 Location **3201 Bladensburg Rd. Wash. D.C. N.E.**

18. Funeral director..... **W. W. Chambers Co.**

Address **Washington, D.C.**

19. **19.** (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION
 20. DATE OF DEATH..... **July 17** 19. **46** at **7:25P**

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from **May 27** 19. **46** to **July 17** 19. **46** and that I last saw her alive on **July 17** 19. **46**

Immediate cause of death..... **Pulmonary Tuberculosis**

DURATION **2 Yrs.**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

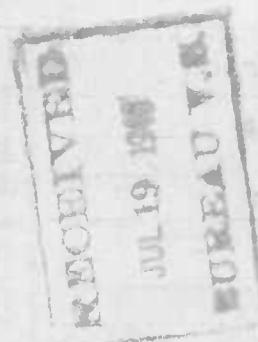
Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?.....

23. SIGNATURE..... **M. D. F. F. E. K.**

M. D. F. F. E. K.
 Address **State Sanatorium, Md.** Date signed **7/18/46**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

07010

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH

County

Frederick

City or town

2 Woodsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Elmer Meade Powell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M. S. Widower

6. (b) Name of husband or wife

Nettie Sherman

7. Birth date of deceased (mo., day, yr.)

Sept. 6, 1863

6. (c) If alive, give age — years

8. AGE:

Years

Months

Days

If less than one day

82 10 6 hrs. min.

9. Birthplace

Lewistown Md.

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Lewis J. Powell

FATHER

12. Name

Lewis J. Powell

MOTHER

13. Birthplace

Lewistown Md.

14. Maiden name

14. Maiden name

Hannah E. Gaughan

15. Birthplace

Lewistown Md.

16. Informant

Elmer Sherman Powell

Address

2 Woodsboro Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 15, 1946

(month) (day) (year)

Cemetery or crematory

Mt. Hope

18. Location

2 Woodsboro Md.

19. Funeral director

Powell & Hartler

Address

2 Woodsboro Md.

20. July 14, 1946

(Date record by registrar)

L. C. Powell

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County Frederick

City or town

2 Woodsboro (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 12, 1946, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1946, to July 12, 1946, and that I last saw him alive on July 12, 1946.

Immediate cause of death

Gastritis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

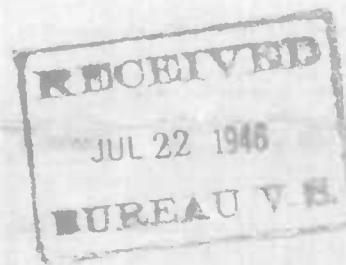
Means of injury

Injured at work?

23. SIGNATURE

Elmer Sherman Powell M. D. or other

Address: Solomonsville, Md. Date signed: July 13, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07011

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH: Frederick ^{RF} Middletown
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mrs. Clara E. Remond4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Albert S. Remond 6. (c) If alive, give age..... years7. Birth date of deceased (mo., day, yr.) Apr. 22, 18648. AGE: Years 82 Months 2 Days 18 If less than one day
..... hrs. min.9. Birthplace Middletown, Frederick County, Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business John Henry Rothbaum12. Name John Henry Rothbaum
13. Birthplace Marysville, Md.14. Maiden name Amanda Daniels
15. Birthplace Middletown, Md.16. Informant J. Homer RemondAddress Middletown, Md.17. Burial Burial Date thereof July 12, 1946
(Burial, cremation, or removal, which)Cemetery or crematory Reformed CemeteryLocation Middletown, Md.18. Funeral director Gladwell Co.Address Middletown, Md.19. Date rec'd by registrar July 12, 1946 Marie Gladwell Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State Maryland County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 116
 (If rural, give LOCATION)

2. (a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10, 1946 to July 10, 1946
 and that I last saw him alive on July 10, 1946

Immediate cause of death

Coronary Occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

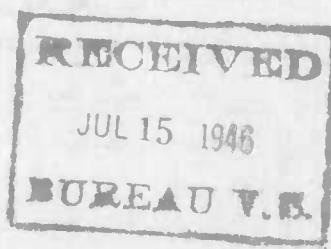
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. E. Hart, M.D. M. D. or otherAddress Middletown Date signed 7-11-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13P

07012 139

Reg. Diat. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County: **Frederick**City or town: **State Sanatorium, Maryland**

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **Since 7/29/46**

Hospital, Institution, or street address where death occurred:

Maryland Tuberculosis SanatoriumHow long in hospital or institution? **Since 7/29/46**

3. (a) FULL NAME

Christian Rogers

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife.....

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Sep t. 14, 1904

8. AGE:

Years	Months	Days	11 less than one day
41	10	17	hrs. min.

9. Birthplace

Savannah, Ga.

(Town, county, and state)

10. Usual occupation

Sailor and painter

11. Industry or business

Jordan Rogers

12. Name

Georgia

13. Birthplace

Minnie Shuman

14. Maiden name

Georgia

15. Birthplace

Deceased

16. Informant

Address

Burial 8/3/46 [Signature]

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: **London Park**Location: **Baltimore, Md.**18. Funeral director: **M. L. Creager & Son**Address: **Thurmont, Md.**19. (Date rec'd by registrar) **7/31/46**

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: **Maryland**

County

City or town: **Baltimore**

(If outside city or town limits, write RURAL and give nearest town)

Street No. **1607 N. Broadway**

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

213-16-3748

MEDICAL CERTIFICATION

2D. DATE OF DEATH **July 31**

19. 46 at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 29 1946 to July 31 1946and that I last saw him alive on **July 31 1946**

Immediate cause of death

Pulmonary Tuberculosis

DURATION

1 1/2 Yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE **J. B. Apin**M. D. **J. B. Apin**Address: **State Sanatorium, Md.** Date signed **7/31/46**

RECEIVED

AUG 2 1946

FEDERAL BUREAU OF INVESTIGATION

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Reg. Dist. No. 0701131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 5 Days

3. (a) FULL NAME

GUY CLEMENT BOSEY

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Clara Davis Boser

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.)

November 23, 1880

8. AGE: Years 65 Months 7 Days 26 If less than one day

hrs. min.

9. Birthplace Woodshore, Frederick Co., Maryland

(Town, county, and state)

10. Usual occupation Deputy Internal Revenue Collector

11. Industry or business

12. Name Adam Boser

13. Birthplace Adams Co., Pa.

14. Maiden name Jane Delaplaine

15. Birthplace Toolshore, Maryland

16. Informant Clara Davis Boser

Address Frederick, Maryland

17. Burial Date thereof July 22, 1946

(Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or cemetery Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. L. Cline & Son

Address Frederick, Maryland

19. 22 July 1946

(Date rec'd by registrar) Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick (If outside city or town limits, write RURAL and give nearest town)

Street No. 21 East 2nd Street (If rural, give LOCATION)

2. (a) If veteran, name war Non

3. (b) Social Security Number

220-22-7632

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1946, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19, 1946, to July 19, 1946,

and that I last saw him alive on July 19, 1946.

Immediate cause of death Cerebral Hemorrhage

DURATION 1 mo.

Due to

Due to

Other conditions Gastroenteritis

(Include pregnancy within 8 months of death)

Major findings or operations None Date of op.

Autopsy results None Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

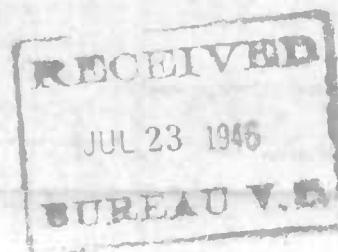
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Gustav Pearce, M.D. M.D. or other

Address Frederick, Md. Date signed 7/20/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07014

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:

County

City

Frederick
Frederick Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

9 hrs

3. (a) FULL NAME

Dale Valeria Coulthard

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Dale White

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

July 25, 1946

8. AGE: Years Months Days If less than one day

0 0 5 hrs. min.

9. Birthplace

(Town, county, and state)

Frederick, Md., Maryland

10. Usual occupation

Infant

11. Industry or business

12. Name

Harry Elmer Coulthard

13. Birthplace

Frederick, Maryland

14. Maiden name

Sally Ceilia Rigby

15. Birthplace

Frederick, Maryland

16. Informant

Virginia Lee

Address

Emergency Hosp. Fred. Md.

17. Burial

(Burial, cremation, or removal) Date thereof

8/1/46

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 31-July 1946

(Date registered by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

54

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 30

1946

at

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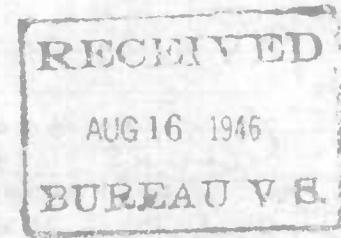
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

07015

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:

County MiddlesexCity or town Middleton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 22 yrs
Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Frank Gary Ryan4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Baroline F. Ryan7. Birth date of deceased (mo. day, yr.) June 27, 1881 8. (c) If alive, give age 64 years8. AGE: Years 65 Months 0 Days 24 If less than one day hrs. min.9. Birthplace Hippinsport, Ohio
(Town, county, and state)10. Usual occupation Veterinarian

11. Industry or business

12. Name Samuel Ryan13. Birthplace Hippinsport, Ohio14. Maiden name Barbara Groppenbacher15. Birthplace Germany16. Informant Baroline F. RyanAddress Middleton, Md.17. Burial Burial Date thereof 7-24-46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Reform CemeteryLocation Middleton, Md.18. Funeral director Gladhill Co.Address Middleton, Md.19. July 23 1946 Frank Gladhill Registrar
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Middleton
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1946, at 4:50 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 1946, to July 21 1946, and that I last saw him alive on July 21 1946.

Immediate cause of death

Cerebral Hemorrhage

Due to

Due to

Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? Middleton (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury _____ Injured at work? _____

23. SIGNATURE

J.S. Harp M.D. M. D. or otherAddress Middleton Date signed 7-22-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

07016

Reg. Dist. No. 144

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
County..... Frederick
City or town..... Thurmont - rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 80 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Frederick
City or town..... Thurmont - rural
(If outside city or town limits, write RURAL and give nearest town)
Street No..... None
(If rural, give LOCATION) No
2.(a) If veteran, name war.....

3. (a) FULL NAME
John Thomas Speak

3. (b) Social Security Number
None

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced
Male..... White..... Widowed

6.(b) Name of husband or wife..... Jennie Bowers

7. Birth date of deceased (mo., day, yr.)..... Sept. 23, 1856

8. AGE: Years..... Months..... Days..... If less than one day
89..... 9..... 24..... hrs..... min.

9. Birthplace..... Creagerstown, Feredrick Co. Md
(Town, county, and state)

10. Usual occupation..... Retired.

11. Industry or business..... Thresher
FATHER
12. Name..... John Speak

13. Birthplace..... Creagerstown, Md.

MOTHER
14. Maiden name..... Unknown
".....

15. Birthplace.....

16. Informant..... Clyde Speak
Address..... Thurmont. Md. R.D.

17. Burial..... Date thereof..... July 9, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Creagerstown Cemetery
Location..... Creagerstown, Md.

18. Funeral director..... M. L. Creager & Son
Address..... Thurmont, Md.

19. Date rec'd by registrar..... July 8, 1946
Blanche S. Eyles
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 7, 1946 5:30 A:M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 3, 1946, to July 7, 1946,
end that I last saw him alive on July 6, 1946.

Immediate cause of death..... myocardiitis, chronic
DURATION ?

Due to.....

Due to.....

Other conditions..... arteriosclerosis
DURATION ?

(Include pregnancy within 3 months of death)

Major findings of operations..... none
Date of op.

Autopsy results..... not done
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... M. Franklin Birley M.D. or other

Address..... Thurmont Md. Date signed..... July 8, 1946



PLEASE WRITE PAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

07017

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County FrederickCity or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Since 5/21/46

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis SanatoriumHow long in hospital or institution? Since 5/21/46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

Street No. 606 Camden Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

George Spencer

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Separated6.(b) Name of ~~wife~~ or wifeInez Spencer

7. Birth date of deceased (mo., day, yr.)

May 15, 1904

6.(c) If alive, give age years

8. AGE:

Years 42Months 2Days 5

If less than one day

hrs. min.

9. Birthplace

Philadelphia, Pa.

(Town, county, and state)

10. Usual occupation

Bricklayer

11. Industry or business

MOTHER FATHER

William Spencer

12. Name

England

13. Birthplace

Ruth Shaw

14. Maiden name

England

15. Birthplace

England

16. Informant

Tom W. Hanson

Address

606 Camden Ave., Salisbury, Md.

17. (Burial, entombment, or removal, which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

Date thereof

(month)

(day)

(year)

July 24/46Cinnaminson Cem. Park, N.J.M. L. Creager & Son

Address

Thurmont, Maryland

20. (Date signed)

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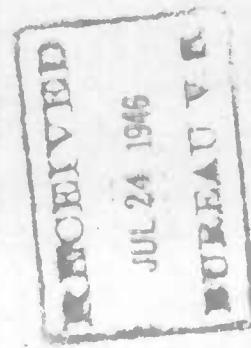
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1860

07468

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

Frederick Co. Emergency Hospital

How long in hospital or institution? 3 weeks

3. (a) FULL NAME

ELLA BELL SPRING

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widow

6. (b) Name of husband or wife

David W. Spring

7. Birth date of deceased (mo., day, yr.)

August 21, 1865

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Loudon Co., Virginia

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

At Home

MOTHER FATHER

12. Name

Mortimer Edwards

13. Birthplace

Loudon Co., Virginia

14. Maiden name

Sarah Ann Beamer

15. Birthplace

Loudon Co., Virginia

16. Informant

Miss Bernice Spring

Address

Adamstown, Maryland

17. Burial

(Burial, cremation, or removal, which?)

Date thereof 7/24/46

(month) (day) (year)

Cemetery or seafactory Union Cemetery

Location

Lovettsville, Virginia

18. Funeral director

M. R. Etchison & Son

Address

Frederick, Maryland

19. (Date rec'd by registrar)

1946

Elizabeth L. Etchison

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Frederick

City or town Adamstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

NONE

2. (a) If veteran, name war

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH

July 21,

1946, at 12:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 30 1946 to July 21 1946
and that I last saw her alive on July 21 1946.

Immediate cause of death

Chronic Nephritis with uremia

DURATION

5 years

Due to

Due to Accidental fall

Other conditions Fracture neck right femur

3 weeks

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of June 30, 1946

Where did injury occur

Frederick, Maryland

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

at home

Means of injury

Injured at work?

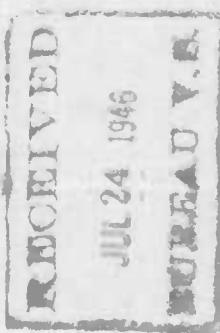
23. SIGNATURE

Bernard Hinman, M.D.

M. D. or other

Frederick, Maryland

Date signed 7/22/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07018

93-14

Reg. Dist. No. 134

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Frederick
 City or town Emmitsburg, Md.

(If outside city or town limits, write RURAL and give nearest town)

36 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Anna Belle Springer4. Sex Fm 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife C. C. Springer7. Birth date of deceased (mo., day, yr.) March 9, 1884 6. (c) If alive, give age 66 years8. AGE: Years 62 Months 4 Days 15 If less than one day hrs. min.9. Birthplace Adams Co., Pa.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name David Bentzell
13. Birthplace Adams Co., Pa.14. Maiden name Mary Elizabeth Willet
15. Birthplace Adams Co., Pa.16. Informant S. L. Allison
Address Emmitsburg, Md.17. Burial burial Date thereof July 28, 1946
(Burial, cremation, or removal. Which?) Date (month) (day) (year)Cemetery or crematory Mountain View CemeteryLocation Emmitsburg, Md.18. Funeral director S. L. Allison
Address Emmitsburg, Md.19. Date rec'd by registrar July 37 1946 Address Emmitsburg, Md. Date signed 7-27-46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. Emmitsburg (If rural, give LOCATION)2. (a) If veteran, name war W.W.

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1946 at 8 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930 to July 24 1946 and that I last saw her alive on July 24 1946Immediate cause of death congestive heart failure with anasarca DURATION 6 mo.Due to chronic myocarditis several yearsDue to Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

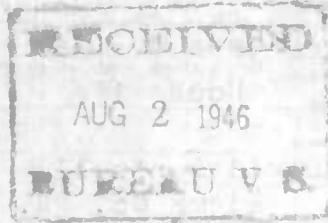
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injury at home Injured at work?23. SIGNATURE W. R. Cade M.D. M. D. or other Address Emmitsburg, Md. Date signed 7-27-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

07019

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

City or town

Frederick, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

30 days

3. (a) FULL NAME

Nathan Titus Stout

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

November 2, 1868

6. (c) If alive, give age

years

8. AGE:

Years
77Months
8Days
21

If less than one day

Mrs.

min.

9. Birthplace

Fauquier County, Virginia.

(Town, county, and state)

10. Usual occupation

Collector of Bills

11. Industry or business

John Lane Stout

FATHER

12. Name

Margaret Jane Titus

MOTHER

13. Birthplace

Rutherford, New Jersey

14. Maiden name

Margaret Jane Titus

15. Birthplace

Fauquier County, Virginia

16. Informant

Virginia Wedde

Address

Emergency Drs. - Medical Md

17. Burial

Date thereof
(Burial, cremation, or removal, which)

7/26/46

(month) (day) (year)

Cemetery or crematory

Fairfax Cemetery

Location

Leesburg, Virginia

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 25 July

1946

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Frederick, Maryland

Street No.

PFD #4

(If rural, give LOCATION)

None

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 23, 1946, at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 13, 1946, to July 23, 1946,

and that I last saw him alive on July 23, 1946.

Immediate cause of death

Bronchitis - pneumonia

DURATION

4 days.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas, Jr., M.D.

Frederick, Md.

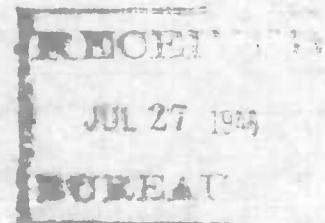
M. D. or other

7-23-46

Date signed

LETTER TO THE ATTACHED STATE ATTORNEY

RECORDED AND INDEXED



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07020

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County

Frederick

City or town

State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 3/13/46

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 3/13/46

3. (a) FULL NAME

Dorothy May Swartz

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband

XXX William Swartz

7. Birth date of deceased (mo., day, yr.)

Feb. 24, 1923

6. (c) If alive, give age 24 years

8. AGE:

Years

Months

Days

If less than one day

23

4

23

hrs.

min.

9. Birthplace

Bal timore, Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Emil Pfeifer

MOTHER

FATHER

12. Name

Baltimore, Md.

13. Birthplace

Florence Bremont

14. Maiden name

Baltimore, Md.

15. Birthplace

Deceased

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 2, 1946

(month) (day) (year)

Cemetery or crematory

Baltimore Cem.

Location

Baltimore, Md.

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Maryland

19. (Date rec'd by registrar)

19.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1509 N. Washington St.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

214-18-5424

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 17

19. 46 at 7:15A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 13

19. 46 at 10. July 17 19. 46

and that I last saw her alive on July 17 19. 46

Immediate cause of death

Pulmonary Tuberculosis

DURATION

7 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury

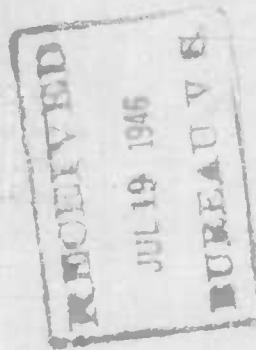
Injured at work?

23. SIGNATURE

J. A. Lynn

M. D. John Lynn

State Sanatorium, Md. Date signed 7/17/46



PLEASE WRITE PLAINLY, WITH UPRIGHTING INK. Supply every item of information carefully. The correct age is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 100-2

07021

CERTIFICATE OF DEATH

Reg. Distr. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

155 B and O Avenue

How long in hospital or institution?

3. (a) FULL NAME

BABY THOMAS

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 31st, 1946

8. AGE:

Years

Months

Days

If less than one day

0

0

0

11

hrs.

min.

9. Birthplace

Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

12. Name Dale Lewis

13. Birthplace Salisbury, Maryland

14. Maiden name Helen Thomas

15. Birthplace Near Middletown, Maryland

16. Informant Helen Thomas

Address 155 B & O Ave., Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof 8/1/46

Knoxville Cemetery

Cemetery or crematory

Location ReKnoxville, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. (Date rec'd by registrar) 1-Aug-46

(Date rec'd by registrar) 19-46

Elizabeth G. Hale

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 155 B and O Avenue

(If rural, give LOCATION)

2. (a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

July 31st 1946

10 P.M.

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 31 1946 to July 31 1946 and that I last saw him alive on July 31 1946.

Immediate cause of death

Cerebral hemorrhage

DURATION

6 hrs.

Due to Birth injury

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas, M.D.

M.D. or other

Address Frederick, Maryland Date signed 8-1-46

RECEIVED

AUG 3 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15

CERTIFICATE OF DEATH

07022

Reg. Dist. No. 136

1. PLACE OF DEATH:
County... Frederick
City or town... Ijamsville-Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?... 1 Months
Hospital, institution, or street address where death occurred:
Centerville
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland
County... Frederick
City or town... Ijamsville-Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No... Centerville
(If rural, give LOCATION)
2.(a) If veteran, name war... None

3. (a) FULL NAME
EVELYN DELORES THOMPSON
4. Sex
F 5. Color or race
C 6.(a) Single, married, widowed, or divorced
S
6.(b) Name of husband or wife.....
7. Birth date of
deceased (mo., day, yr.) June 8, 1946
.....(c) If alive, give age.....years
8. AGE: Years Months Days If less than one day
0 1 0 hrs. min.
9. Birthplace... Centerville-Frederick-Maryland
(Town, county, and state)
10. Usual occupation... Infant
11. Industry or business

12. Name... Unknown
13. Birthplace... Unknown
14. Maiden name... Evelyn V. Thompson
15. Birthplace... Frederick County Maryland
16. Informant... Evelyn V. Thompson
Address Ijamsville, Md. - Rural

17. Burial
(Burial, cremation, or removal. Which?) Date thereof... 7/8-46
(month) (day) (year)
Cemetery or crematory... Ebenezer Cemetery

Location Ijamsville, Md. - Rural
18. Funeral director... M. R. Etchison and Son
Address Frederick, Maryland

19. (Date rec'd by registrar) 1946 (Signature) G. C. Hudson
Registrar

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 8, 1946, at 5 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
and that I last saw her dead on July 8, 1946.

Immediate cause of death... Malnutrition
DURATION
1 month

Due to...
Due to...
Other conditions...
(Include pregnancy within 3 months of death)

Major findings or operations...
Date of op...
Autopsy results...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide... Date of...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury... Injured at work?
23. SIGNATURE P. W. Barr Deputy med
M. D. or other
Address Frederick, Md. Date signed 7-8-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07023

B1a

Reg. Dist. No. 154

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County: **Frederick, Md.**
 City or town: **Rural, Emmitsburg, R.D. #1**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **70 years**
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Henry Troxell

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
m	white	married

6. (b) Name of husband or wife: **Mary Alice Topper**7. Birth date of deceased (mo., day, yr.): **January 6, 1866**

8. AGE: Years	Months	Days	If less than one day hrs. min.
80	6	11

8. Birthplace: **Frederick Co., Md.**
(Town, county, and state)10. Usual occupation: **Farmer**

11. Industry or business

12. Name: **Abraham Troxell**13. Birthplace: **Frederick Co., Md.**14. Maiden name: **Isabella A. Welty**15. Birthplace: **Frederick Co., Md.**16. Informant: **Charles F. Troxell**Address: **Emmitsburg, Md.**17. **burial** Date thereof: **July 25, 1946**
(Burial, cremation, or removal. Which?)Cemetery or crematory: **Mountain View Cemetery**Location: **Emmitsburg, Md.**18. Funeral director: **S. L. Allison**Address: **Emmitsburg, Md.**19. Date rec'd by registrar: **July 24 1946** M. F. Shuff
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State: **Maryland** County: **Frederick**

City or town: **Rural**
(If outside city or town limits, write RURAL and give nearest town)

Street No.: **Emmitsburg, R.D. #1**
(If rural, give LOCATION)

2.(a) If veteran, name war: **no**

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH: **July 23 1946**

21. I CERTIFY that death occurred on the date above stated: that deceased from

1937 18 to **July 23 1946** 19
 end that I last saw **alive** on **July 22 1946** 19

Immediate cause of death: **Uremia** DURATION: **2 weeks**

Due to: **arteriosclerotic cardio (several
 vascular) renal disease** years

Due to:

Other conditions: **cerebral hemorrhage** 9 yrs ago

(Include pregnancy within 3 months of death)

Major findings or operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

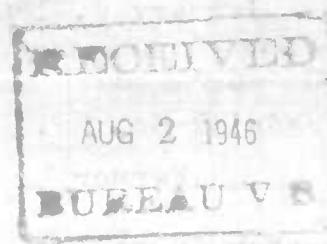
Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE: **W. F. Cade**M. D. or other: _____ Date signed: **7-23-46**Address: **Emmitsburg, Md.**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-6

CERTIFICATE OF DEATH

07624

131

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

2 weeks

3. (a) FULL NAME

William Elder Wettig

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

widower

6. (b) Name of husband or wife

Addie Rosemarie

deceased

6. (c) If alive, give age

years

7. Birth date of deceased (mo., day, yr.)

July 16 - 1860

8. AGE:

Years

Months

Days

If less than one day

86

0

5

hrs.

min.

9. Birthplace

Frederick County, Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Frederick Bernard Wettig

12. Name

Frederick County, Maryland

13. Birthplace

Margaret Catherine Reid

14. Maiden name

Missouri

15. Birthplace

St. Anthony's Shrine

16. Informant

Emergency Hosp. Frederick, Md.

Address

Baptist

Date thereof

July 24, 1946

month (day) (year)

17. (Burial, cremation, or removal. Which?)

Cemetery or cemetery

Location

Emergency Hosp. Frederick, Md.

18. Funeral director

S. L. Allison

Address

Frederick, Md.

19. (Date rec'd by registrar)

July 21, 1946

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Emergency

(If rural, give LOCATION)

2. (a) If veteran, name war

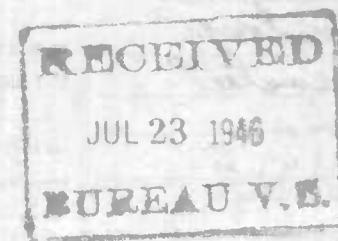
None

more

RECEIVED NO TWENTIETH STATE GRAYBAR

1946 7-26-46

SEARCHED INDEXED





I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07025

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131-a

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Adamstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Month

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

EMMA VIRGINIA WILLARD

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

M

6. (b) Name of husband or wife

L. Edward Willard

7. Birth date of deceased (mo., day, yr.)

July 10, 1855

6. (c) If alive, give age years

88

8. AGE:

Years

Months

Days

If less than one day

90

11

28

hrs.

min.

9. Birthplace

Nr. Doubs-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

MOTHER

12. Name

Tilghman Myers

FATHER

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Lucinda Remsburg

FATHER

15. Birthplace

Frederick County Maryland

16. Informant

L. Edward Willard

Address

Doubs, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

7/11/46

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 9 July

19. 46

Elizabeth L. Heck
Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Frederick

City or town Doubs

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 8th 1946 at 4:10A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov.

19.

to July 1946

1946

and that I last saw her alive on

7 July 1946

1946

Immediate cause of death

Acute cardiac decompensation

DURATION

48 hrs.

Due to Arterio-sclerotic

Cardiovascular renal dis.

20 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

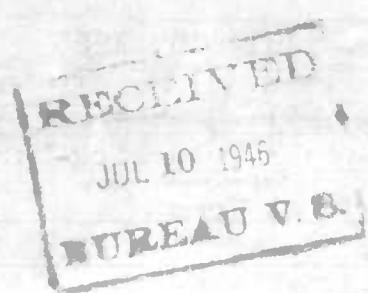
Charles H. Conley, M. D.

M.D. or other

Address

Frederick, Maryland

Date signed 7-9-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

07026

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH: *Frederick*

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*M**Colored Widowed*

8. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

Frederick Co., labor

11. Industry or business

12. Name.....

Upton, William

13. Birthplace.....

Unknown

14. Maiden name.....

Harriet Chambers

15. Birthplace.....

Unknown

16. Informant.....

Charles C. Williams

Address.....

Mt. airy md

17. Funeral.....

Burial

(Burial, cremation, or removal, which?)

Date thereof.....

(Month) (day) (year)

Cemetery or crematory.....

Simpson Cem.

Location.....

new market Frederick Co.

18. Funeral director.....

H. M. Snyder

Address.....

Mt. airy

19. (Date rec'd by registrar)

July 20 1946

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 28 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 18 1946 to *July 28 1946*and that I last saw him/her alive on *July 18 1946*

Immediate cause of death.....

*Cerebral arteria -
seizures*

Due to.....

*Generalized arteria -
seizures*

Due to.....

*Generalized arteria -
seizures*

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE.....

Donald R. Runkles

M. D. or other

Address..... Date signed *July 30 1946*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07027

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County

Frederick

City or town

State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 4/2/46

Hospital, Institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 4/2/46

3. (a) FULL NAME

Ivan R. Wood

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of ~~wife~~ wife

Janet B. Wood

7. Birth date of deceased (mo. day. yr.)

April 11, 1909

B. (c) If alive, give age 26 years

8. AGE:

Years

Months

Days

If less than one day

37

3

8

hrs. min.

9. Birthplace

Fordweck, Va.

(Town, county, and state)

10. Usual occupation

Electrician

11. Industry or business

MOTHER FATHER

Luther Wood

MOTHER

Virginia

FATHER

Alice B. Fridley

MOTHER

Virginia

FATHER

Deceased

16. Informant

Address

17. (Burial, cremation, or removal. Which?)

Burial July 22, 1946

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

7/19/46 19

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 317 S. Highland Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

22605-9311

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19

19 46 at 4:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 12 1946 to July 19 1946

and that I last saw h. im alive on July 19 1946

Immediate cause of death

Pulmonary Tuberculosis

DURATION

5 Yrs.

X-ray

Tuberculosis of Feet

DURATION

5 Yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

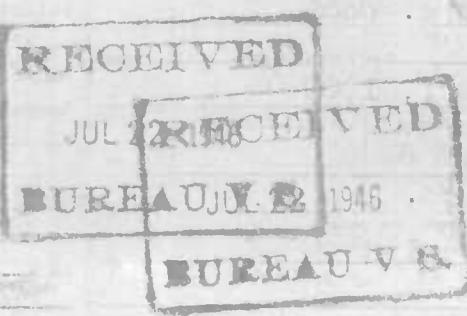
Injured at work?

23. SIGNATURE

M. D. ~~John~~

State Sanatorium, Md. Date signed 7/19/46

Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32-2

CERTIFICATE OF DEATH

07028

139

Reg. Dist. No. 139

1. PLACE OF DEATH:

County FrederickCity or town Rural nr. Lantz

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Co.

How long in hospital or institution?

3. (a) FULL NAME

Mirita Alice Wright

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white marriedAlbert J. Wright

6. (b) Name of husband or wife

6. (c) If alive, give age

71 years

7. Birth date of deceased (mo., day, yr.)

July 8. 1877

8. AGE: Years

69

Months

3

Days

11

If less than one day

hrs.

min.

9. Birthplace

Calhoun Co. W. Va.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Edward Witten

12. Name

Germany

13. Birthplace

Virginia

14. Maiden name

Virginia White

15. Birthplace

Stamp Town W. Va.

16. Informant

Mrs. Obed Bailey

Address

Lantz, Md.

17. K2

Burial, cremation, or removal. Which?

Date thereof

July 13 46

Cemetery or crematory

Hagerstown

Location

Hagerstown

18. Funeral director

L. F. Reecher

Address

Funkstown, Md.

19. 7/13

Date rec'd by registrar

19 46

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother) FrederickState Maryland County WashingtonCity or town Lantz (If outside city or town limits, write RURAL and give nearest town)Street No. near Cascade (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 11

19 46

4 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10 1945 to July 11 1946and that I last saw her alive on July 8 1946

Immediate cause of death

Gas carcinoma of left kidney.

DURATION

Due to

Due to

Perforation of spineand lungs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

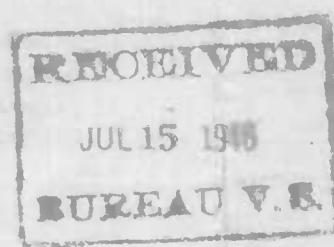
23. SIGNATURE

He. Brichers

M. D. or other

Date signed

Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07029

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 years

Hospital, institution, or street address where death occurred:

Frederick City Hospital

2 weeks

How long in hospital or institution?

3. (a) FULL NAME

LEIDY DETWILER ZERN

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife. Mildred Naomi Heller

7. Birth date of deceased (mo., day, yr.) September 27, 1902

8. AGE: Years	Months	Days	If less than one day
43	9	11	hrs. min.

9. Birthplace Trooper, Pa.

(Town, county, and state)

10. Usual occupation. Dairy Field Inspector

11. Industry or business

12. Name John S. Zern

13. Birthplace Obelisk, Pa.

14. Maiden name Annabelle Detwiler

15. Birthplace Obelisk, Pa.

16. Informant Mrs. Leidy Zern

Address Rosemont Avenue

17. Burial Date thereof July 10, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Lower Providence Presbyterian

Location Trooper, Pa.

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 9 - July 1946

(Date read by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rosemont Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war. None

3. (b) Social Security Number

215-10-2666

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1946 at 5:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 45 to July 8 1946
end that I last saw her alive on July 8 1946

Immediate cause of death

Cardiac Decapitation

Due to Cardio Vascular Disease

Due to

Other conditions Hypertensive Cerebral

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

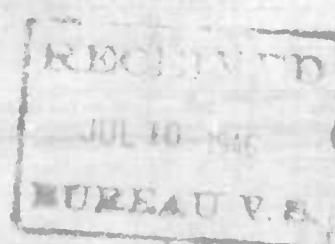
F. Lawrence Faherty M.D.

M. D. or other

Address Frederick, Md. Date signed 7-9-46

REMADE BY FEDERAL BUREAU OF INVESTIGATION

RECORDED IN THE INDEX



PLEASE WRITE PLAINLY, WITH UNTADING INK. Supply every item of information carefully and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-0

07030

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick

County

City or town

Frederick Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years

Hospital, Institution, or street address where death occurred:

122 E. Third St. Frederick

How long in hospital or institution?

3. (a) FULL NAME

Emma Minerva Zimmerman

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FemaleWhiteWidow

6. (b) Name of husband or wife

John Franklin Zimmerman

7. Birth date of deceased (mo., day, yr.)

May 30, 1868

(c) If alive, give age

years

8. AGE:

Years

Months

Days

less than one day

78

5

8

hrs.

min.

9. Birthplace

(Town, county, and state)

Middletown Frederick Maryland

10. Usual occupation

House wife

11. Industry or business

12. Name

Charles Koogler

13. Birthplace

Maryland

14. Maiden name

Charlotte Marie

15. Birthplace

Maryland

16. Informant

Russell Zimmerman Son

Address

Magnolia Ave Frederick Md

17. Burial

(Burial, cremation, or removal, which)

Date thereof

July 10, 1946

(month) (day) (year)

Cemetery or cemetery

New Market Cemetery

Location

New Market Maryland

18. Funeral director

W E. Falconer

Address

New Market Maryland

19. (Date rec'd by registrar)

9 July 1946

Elizabeth G. Heck

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

122 East Third Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 9 1946 at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 9 1946 to July 9 1946and that I last saw h. alive on July 9 1946

Immediate cause of death

Hypertension of Heart

DURATION

Due to

Diabetes

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

injured at work?

23. SIGNATURE

H. J. Steiner

M. D. or other

Address Frederick Md Date signed July 1946

RECEIVED
JUL 10 1946
BUREAU V S